



**Department
of Health**

Medicaid
Redesign Team

Mid-Point Assessment Action Plans: PPS Progress through DY3, Q1

October 2017

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Mid-Point Assessment Recommendation Themes

- 22 of 25 PPS had recommendations as a result of the Mid-Point Assessment process.
 - Total number of recommendations ranged from 1 (3 PPS) to 23 (1 PPS).
- Recommendations were organizational or project specific.
- The most common recommendation was the 'Standard Modification' recommendation from PAOP.
 - 14 of the 25 PPS received this recommendation.

The PPS must develop a detailed plan for engaging partners across all projects with specific focus on Primary Care, Mental Health, Substance Used Disorder providers as well as Community Based Organizations (CBOs). The Plan must outline a detailed timeline for meaningful engagement.

The Plan must also include a description of how the PPS will flow funds to partners so as to ensure success in DSRIP.

The PPS must also submit a detailed report on how the PPS will ensure successful project implementation efforts with special focus on projects identified by the IA as being at risk.

These reports will be reviewed and approved by the IA with feedback from the PAOP prior to April 1, 2017.

Mid-Point Assessment Action Plans

- PPS that received at least one recommendation as a result of the Mid-Point Assessment process were required to complete a Mid-Point Assessment Action Plan.
 - Action Plans were due to the IA by March 10, 2017.
 - Action Plans were available for PAOP and public comment on March 20, 2017.
 - Final IA Approval of the Action Plans was completed by April 30, 2017.
- PPS were required to implement Action Plans by the conclusion of DY3, Q2 (September 30, 2017).
- PPS updates on progress towards implementing the Action Plans were provided as part of the DY3, Q1 PPS Quarterly Report in July 2017 and will provide final updates as part of the DY3, Q2 PPS Quarterly Report in October 2017.

Changes to PPS Reporting

Changes to PPS Reporting

- During the PAOP meetings in February 2017, PPS noted limitations of the current reporting tool, the PIT, for Funds Flow and Partner Engagement.
- In response to this feedback, the IA and DOH, created a new tool, the PIT-Replacement to support the reporting of Funds Flow and Partner Engagement.
 - The PIT-Replacement tool provides PPS with more flexibility in identifying and reporting their partners in the category or categories that most accurately reflect how the partner has been engaged by the PPS.
 - The PIT-Replacement also allows PPS to report their 2nd Tier Funds Flow distributions.
 - The Hospital and Case Management/Health Home categories were broken out in to multiple categories to allow for more discrete reporting of Funds Flow.
- Additional clarification was also provided on the reporting of Funds Flow to the CBO Partner Type Category.
 - This category should represent only the Tier 1 CBOs that have received funds from the PPS. Tier 2 and Tier 3 CBOs would be reflected under the appropriate partner category, such as Mental Health, Substance Abuse, Clinic, or Case Management.

PPS Progress on Action Plans

PPS Progress on Mid-Point Action Plans – Funds Flow

- Through the DY3, Q1 PPS Quarterly Report, PPS have increased the amount of funding distributed to partners relative to the funding distributed at the time of the Mid-Point Assessment.

	Cumulative Funds Flow at MPA (DY2, Q2)	Cumulative Funds Flow at DY3, Q1	Additional Funds Flow since MPA	% Change in Funds Flow
Total Funds Flow	\$414,267,236	\$878,498,690	\$464,231,545	112%
Non-Hospital / Non-PPS PMO Funds Flow	\$113,408,240	\$275,487,064	\$162,078,823	143%

- For the categories highlighted in the Mid-Point Assessment, PPS Funds Flow distributions increased by over 100%.

Partner Category	Cumulative Funds Flow at MPA (DY2, Q2)	Cumulative Funds Flow at DY3, Q1	Additional Funds Flow since MPA	% Change in Funds Flow
Practitioner – Primary Care Provider (PCP)	\$14,659,935	\$38,183,032	\$23,523,097	160%
Mental Health	\$9,741,485	\$27,535,016	\$17,793,531	183%
Substance Abuse	\$4,319,963	\$10,434,092	\$6,114,129	142%
Community Based Organizations	\$11,993,454	\$28,005,068	\$16,011,614	134%

PPS Progress on Mid-Point Action Plans – Funds Flow

	As of MPA (DY2, Q2)		As of DY3, Q1		Changes since MPA	
	Funds Distributed	% of Funds Distributed	Funds Distributed	% of Funds Distributed	Funds Distributed	% increase in Funds Disbursed
Practitioner – Primary Care Provider (PCP)	\$14,659,935	3.54%	\$38,183,032	4.35%	\$23,523,097	160%
Practitioner – Non-Primary Care Provider (PCP)	\$2,654,701	0.64%	\$5,023,257	0.57%	\$2,368,557	89%
Hospital	\$121,775,967	29.40%	\$177,988,322	20.26%	\$56,212,354	46%
Hospital – IP/ED^	\$0	0.00%	\$69,180,651	7.87%	\$69,180,651	100%
Hospital – Ambulatory^	\$0	0.00%	\$16,370,372	1.86%	\$16,370,372	100%
Clinic	\$29,687,182	7.17%	\$78,114,049	8.89%	\$48,426,867	163%
Case Management / Health Home	\$5,973,274	1.44%	\$14,947,177	1.70%	\$8,973,903	150%
Case Management^	\$0	0.00%	\$2,540,340	0.29%	\$2,540,340	100%
Health Home^	\$0	0.00%	\$1,677,311	0.19%	\$1,677,311	100%
Mental Health	\$9,741,485	2.35%	\$27,535,016	3.13%	\$17,793,531	183%
Substance Abuse	\$4,319,963	1.04%	\$10,434,092	1.19%	\$6,114,129	142%
Nursing Home	\$5,476,856	1.32%	\$13,810,595	1.57%	\$8,333,739	152%
Pharmacy	\$305,708	0.07%	\$1,079,048	0.12%	\$773,340	253%
Hospice	\$739,659	0.18%	\$2,762,389	0.31%	2,022,730	273%
Community Based Organization	\$11,993,454	2.90%	\$28,005,068	3.19%	\$16,011,614	134%
All Other	\$23,297,909	5.62%	\$37,994,244	4.32%	\$14,696,335	63%
Home Care^	\$0	0.00%	\$1,447,839	0.16%	\$1,447,839	100%
PPS PMO	\$179,083,029	43.23%	\$339,472,281	38.64%	\$160,389,252	90%
Other*	\$4,558,116	1.10%	\$13,381,446	1.52%	\$8,823,330	194%
TOTAL – All Categories	\$414,267,236		\$878,498,690		\$464,231,454	112%

* Other category includes Partner Type Categories for Uncategorized, Non-PPS Network, County Agency, CBO Tier 3.

^ Hospital – IP/ED, Hospital – Ambulatory, Case Management, Health Home, and Home Care categories are new following MPA.

PPS Progress on Mid-Point Action Plans – Standard Modification Funds Flow

- For the 14 PPS that received the ‘Standard Modification’ recommendation from PAOP, the overall funding distribution and Non-Hospital/Non-PPS PMO distributions have increased since the Mid-Point Assessment.

	Cumulative Funds Flow at MPA (DY2, Q2)	Cumulative Funds Flow at DY3, Q1	Additional Funds Flow since MPA	% Change in Funds Flow
Total Funds Flow	\$264,754,674	\$558,296,866	\$293,542,192	111%
Non-Hospital / Non-PPS PMO Funds Flow	\$71,559,831	\$168,651,395	\$97,091,563	136%

- For the categories specifically highlighted in the ‘Standard Modification’ recommendation, PPS Funds Flow distributions increased by over 100%.

Partner Category	Cumulative Funds Flow at MPA (DY2, Q2)	Cumulative Funds Flow at DY3, Q1	Additional Funds Flow since MPA	% Change in Funds Flow
Practitioner – Primary Care Provider (PCP)	\$11,703,793	\$30,358,541	\$18,654,748	159%
Mental Health	\$6,735,971	\$20,610,784	\$13,874,814	206%
Substance Abuse	\$2,669,425	\$7,258,928	\$4,589,503	172%
Community Based Organizations	\$4,283,943	\$10,483,800	\$6,199,857	145%

PPS Progress on Mid-Point Action Plans – Standard Modification Funds Flow

	As of MPA (DY2, Q2)		As of DY3, Q1		Changes since MPA	
	Funds Distributed	% of Funds Distributed	Funds Distributed	% of Funds Distributed	Funds Distributed	% of Funds Distributed
Practitioner – Primary Care Provider (PCP)	\$11,703,793	4.42%	\$30,358,541	5.44%	\$18,654,748	159%
Practitioner – Non-Primary Care Provider (PCP)	\$2,136,190	0.81%	\$4,385,137	0.79%	\$2,248,947	105%
Hospital	\$72,126,205	27.24%	\$99,983,923	17.91%	\$27,857,717	39%
Hospital – IP/ED^	\$0	0.00%	\$58,117,421	10.41%	\$58,117,421	100%
Hospital – Ambulatory^	\$0	0.00%	\$11,792,884	2.11%	\$11,792,884	100%
Clinic	\$17,886,239	6.76%	\$44,245,379	7.93%	\$26,359,140	147%
Case Management / Health Home	\$3,462,626	1.31%	\$7,015,860	1.26%	\$3,553,233	103%
Case Management^	\$0	0.00%	\$1,195,140	0.21%	\$1,195,140	100%
Health Home^	\$0	0.00%	\$622,164	0.11%	\$622,164	100%
Mental Health	\$6,735,971	2.54%	\$20,610,784	3.69%	\$13,874,814	206%
Substance Abuse	\$2,669,425	1.01%	\$7,258,928	1.30%	\$4,589,503	172%
Nursing Home	\$1,233,657	0.47%	\$5,268,488	0.94%	\$4,034,832	327%
Pharmacy	\$277,797	0.10%	\$902,312	0.16%	\$624,515	225%
Hospice	\$563,842	0.21%	\$1,316,268	0.24%	\$752,427	133%
Community Based Organization	\$4,283,943	1.62%	\$10,483,800	1.88%	\$6,199,857	145%
All Other	\$18,748,126	7.08%	\$28,633,946	5.13%	9,885,819	53%
Home Care^	\$0	0.00%	\$886,400	0.16%	\$886,400	100%
PPS PMO	\$121,068,638	45.73%	\$219,751,244	39.36%	\$98,682,606	82%
Other*	\$1,858,224	0.70%	\$5,468,247	0.98%	\$3,610,024	194%
TOTAL – All Categories	\$264,754,674		\$558,296,866		\$293,542,192	111%

* Other category includes Partner Type Categories for Uncategorized, Non-PPS Network, County Agency, CBO Tier 3.

^ Hospital – IP/ED, Hospital – Ambulatory, Case Management, Health Home, and Home Care categories are new following MPA.

PPS Progress on Mid-Point Action Plans – Partner Engagement

- PPS have also made progress in increasing the number of partners engaged across the DSRIP Projects since the Mid-Point Assessment.
 - One PPS saw decreases in the number of engaged partners across multiple categories following the Mid-Point Assessment and has been excluded from these figures to avoid skewing the progress made by the remaining 24 PPS.

	Partner Commitments at DSRIP Application	Partners Engaged at MPA	Partners Engaged as of DY3, Q1	Additional Partners Engaged	% Change in Partners Engaged
Partners Engaged	244,977	228,601	429,735	201,134	88%

- Partner Engagement is defined as the PPS having a direct relationship with a partner as evidenced by a contract or other formal agreement.
 - The contract or formal agreement should identify the services to be provided by the partner on behalf of the PPS and the compensation from the PPS to the partner.
 - Partner compensation may be financial or through the provision of centralized service such as IT or staffing.

PPS Progress on Mid-Point Action Plans – Partner Engagement

		As of MPA (DY2, Q2)		As of DY3, Q1		Changes since MPA	
	Committed (in DSRIP project Plan Application)	Partners Engaged	% of Committed Partners Engaged	Partners Engaged	% of Committed Partners Engaged	Additional Partners Engaged	% increase in Partners Engaged
Practitioner – Primary Care	53,417	37,424	70%	58,841	110%	21,417	57%
Practitioner – Non-Primary Care	106,666	101,356	95%	198,796	186%	97,440	96%
Hospital	254	700	276%	964	380%	264	38%
Clinic	1,709	1,863	109%	2,581	151%	718	39%
Case Management / Health Home	1,298	1,242	96%	1,977	152%	735	59%
Mental Health	9,750	9,273	95%	20,838	214%	11,565	125%
Substance Abuse	1,235	960	78%	1,532	124%	572	60%
Nursing Home	860	1,104	128%	1,337	155%	233	21%
Pharmacy	979	324	33%	596	61%	272	84%
Hospice	96	174	181%	211	220%	37	21%
Community Based Organization	2,771	2,064	74%	3,192	115%	1,128	55%
All Other	65,942	72,117	109%	138,870	211%	66,753	93%
TOTAL – All Partners	244,977	228,601	93%	429,735	175%	201,134	88%

*Note: Count of committed and engaged partners does not reflect an unduplicated count. PPS could commit to and engage the same partner across multiple projects.

PPS Progress on Mid-Point Action Plans – Standard Modification Partner Engagement

- 13 PPS have also made progress in increasing the number of partners engaged across the DSRIP Projects since the Mid-Point Assessment.
 - One PPS saw decreases in the number of engaged partners across multiple categories following the Mid-Point Assessment and has been excluded from these figures to avoid skewing the progress made by the remaining 13 PPS.

	Partner Commitments at DSRIP Application	Partners Engaged at MPA (DY2, Q2)	Partners Engaged as of DY3, Q1	Additional Partners Engaged	% Change in Partners Engaged
Partners Engaged	164,201	147,858	253,206	105,348	71%

- For the categories specifically highlighted in the ‘Standard Modification’ recommendation, PPS partner engagement increased for those 13 PPS.

	Partner Commitments at DSRIP Application	Partners Engaged at MPA (DY2, Q2)	Partners Engaged as of DY3, Q1	Additional Partners Engaged	% Change in Partners Engaged
Practitioner Primary Care	35,383	23,613	31,728	8,115	34%
Mental Health	6,238	6,145	14,420	8,275	135%
Substance Abuse	751	462	763	301	65%
Community Based Organizations	1,768	469	639	170	36%

PPS Progress on Mid-Point Action Plans – Standard Modification Partner Engagement

		As of MPA (DY2, Q2)		As of DY3, Q1		Changes since MPA	
	Committed (in DSRIP project Plan Application)	Partners Engaged	% of Committed Partners Engaged	Partners Engaged	% of Committed Partners Engaged	Additional Partners Engaged	% increase in Partners Engaged
Practitioner – Primary Care	35,383	23,613	67%	31,728	90%	8,115	34%
Practitioner – Non-Primary Care	74,035	70,819	96%	116,441	157%	45,622	64%
Hospital	150	469	313%	556	371%	87	19%
Clinic	998	1,046	105%	1,428	143%	382	37%
Case Management / Health Home	751	649	86%	1,027	137%	378	58%
Mental Health	6,238	6,145	99%	14,420	231%	8,275	135%
Substance Abuse	751	462	62%	763	102%	301	65%
Nursing Home	467	692	148%	796	170%	104	15%
Pharmacy	849	141	17%	245	29%	104	74%
Hospice	54	113	209%	137	254%	24	21%
Community Based Organization	1,768	469	27%	639	36%	170	36%
All Other	42,757	43,240	101%	85,026	199%	41,786	97%
TOTAL – All Partners	164,201	147,858	90.05%	253,206	154%	105,348	71%

*Note: Count of committed and engaged partners does not reflect an unduplicated count. PPS could commit to and engage the same partner across multiple projects.

Next Steps

Next Steps

- PPS are expected to submit second Mid-Point Action Plan updates to the IA by October 31, 2017.
- The IA will provide updated figures relative to Funds Flow and Partner Engagement progress at the November 16, 2017 PAOP Working Session and MRT Public Comment Day.
 - The presentation will reflect updated Funds Flow and Partner Engagement statistics through the end of DY3, Q2.